Foreign Visitor Tax Assessment Intake Form University Of Missouri

This form must be completed before you can receive any form of payment. All applicable questions below must be answered. The completed form must be presented with your passport and immigration documents at the time of appointment.

Personal/Pass port Information

Last or Family Name		First Name		Middle Name	
Date of Birth (month/day/year) Student Number		Social Security No. (or individual	dual Taxpayer I D)	E-mail Address	
Country of Citizenship		Country That Issued Passp	Country That Issued Passport		
Visa Number (red number in lower right corner of stamp in passport)		Passport Number		Passport Expiration Date	
Address Information					
U. S. Local Street Address		Foreign Residence	Foreign Residence Address (include postal code, if applicable)		
Current Immigration Status					
U.S. Immigrant/Permanent Resident F-1 Student					
H-1 B Temporary Worker			J-2 Dependent		
Other:		J-1 Exchange Visitor			
if J-1 Exchange Visitor, what category?					
Student Research Scholar Short Term Scholar Alien Physician Other:					
Primary Activity During This Visit (Choose Only One)					
Studying in a degree program		Observing	Observing Demonstrating special skills		
Studying in a non-degree program		Consulting	Consulting Clinical activities		
Teaching		Conducting research	ting research Temporary employment		
Lecturing		Training	Training Here with spouse		
What was the start date of your immigration status for the current activity? (in many cases, this is the date you entered the U.S.)					
What is the projected end date of your primary activity?					
(In many cases, this is the completion date on your immigration document.)					
If you are a student, at what level do you study?					
☐ Undergraduate ☐ Masters ☐ Doctoral ☐ Other:					
Describe the activity that will result in U.S. income (i.e. professor of physics, consulting, teaching assistant, food service worker, scholarship, contest prize, etc.)					
Indicate the amount of U.S. income anticipated during this calendar year.					
What University department will be providing the income?					

Tax Exemptions Information Yes No Is your spouse in the U. S.'? Is your spouse employed? Yes No Do you have other dependents in the U.S. you would like to claim exemptions for? Yes No If so, how many? Residency Verification What country did you live in before this visit to the U.S.? Did you pay taxes as a resident of that country? Yes Did your tax residency in that country end prior to this visit to the U.S.? If yes, when? Yes No **U.S. Immigration History** If the answer to either of the questions below is yes, please complete U.S. Immigration History, Part 2 Have you ever had another immigration status in the United States? Yes No Have you ever been present in the United States before this visit? Yes No U.S. Immigration History, Part 2 Please list any F, J, M, or Q visa immigration activity since January 1, 1985, and all other visa immigration activity only for the past three calendar years. Visa/Immigration Have you taken any **Primary Activity** Date of Entry Date of Exit J-1 Subtype treaty benefits? Status No Yes Yes No Yes No Yes No / Yes No Yes No Yes Nο Yes No Yes No / / Yes Nο / Yes No I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on the form I must submit a new Tax Assessment Intake Form. Signature Local Telephone Number Date **Consent And Authorization To Release Information** _ (name), hereby authorize the University of Missouri to release information contained on the Tax Assessment Intake Form to Windstar Technologies, Inc., P.O. Box 800 Providence Hwv, Ste 13 Norwood, MA 02062-0800 for the following purpose: technical software support for THE INTERNATIONAL TAX NAVIGATOR SYSTEM Signature Date